

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF SOUTH CAROLINA	
Case number (if known)	18-01655		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 115,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 115,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 27,720.68
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 142,720.68

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 128,909.39
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 128,909.39
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 3,200.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 3,200.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 4,530.92
		Your total liabilities \$ 136,640.31

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 4,359.33
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 4,359.33
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 3,789.58
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,789.58

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	6,070.34
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 3,200.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 3,200.00

Fill in this information to identify your case and this filing:

Debtor 1	Bobby Lorenzo Scott	
	First Name	Middle Name
Debtor 2	Shakita Monica Scott	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA		
Case number	18-01655	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

1040 CORAL BEAN WAY

Street address, if available, or other description

Columbia SC 29229-0000
 City State ZIP Code

Richland

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$115,000.00	\$115,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS RESIDENCE-1040 CORAL BEAN WAY, COLUMBIA SC 29229, RICHLAND COUNTY, (3) BEDROOM HOUSE, TMS# (R17512-01-05), TAX APPRAISAL VALUE (\$81,700), SEE ATTACHED TAX APPRAISAL

DEBTORS ESTIMATES VALUE AT (\$115,000)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$115,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
 Yes

3.1 Make: **KIA**
 Model: **OPTIMA**
 Year: **2012**
 Approximate mileage: **100,000**
 Other information:
2012 KIA OPTIMA: VIN# (KNAGM4A7705304549), (4) DOOR, (4) CYLINDER, (100,000) MILES, NADA VALUE (\$7,425)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$7,425.00 \$7,425.00

3.2 Make: **CHRYSLER**
 Model: **PT CRUISER**
 Year: **2002**
 Approximate mileage: **150,000**
 Other information:
2002 CHRYSLER PT CRUISER: VIN# (), (4) DOOR, (4) CYLINDER, (150,000) MILES, NADA VALUE (\$975)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$975.00 \$975.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$8,400.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, LAMPS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER

\$1,750.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

HOUSEHOLD GOODS: TVs, DVD PLAYERS, COMPUTER

\$700.00

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known) **18-01655**

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

BOOKS

\$50.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

CLOTHING

\$650.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

JEWELRY

\$1,250.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

ANIMALS: YORKIE

\$50.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$4,450.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655****CASH ON
HAND****\$45.00****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Checking	PALMETTO CITIZENS FEDERAL CREDIT UNION: CHECKING ACCOUNT# (S10.4)	\$14.52
17.2. Checking	PALMETTO CITIZENS FEDERAL CREDIT UNION: CHECKING ACCOUNT# (S10.5)	\$53.34
17.3. Savings	PALMETTO CITIZENS FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (S1)	\$252.82
17.4. Savings	ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT	\$5.00
17.5. Checking	ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT	\$0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

Pension	RETIREMENT PROGRAM: SOUTH CAROLINA RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$4,500), CASH SURRENDER VALUE OF PROGRAM (\$0.00)	\$4,500.00
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Pension	RETIREMENT PROGRAM: SOUTH CAROLINA RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$4,000), CASH SURRENDER VALUE OF PROGRAM (\$0.00)	\$4,000.00
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Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655**

Pension	RETIREMENT PROGRAM: SOUTH CAROLINA POLICE RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$6,000), CASH SURRENDER VALUE OF PROGRAM (\$0.00)	\$6,000.00
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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655**

CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$300,000), CASH SURRENDER VALUE OF POLICY (\$0.00)	SPOUSE	\$0.00
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CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$300,000), CASH SURRENDER VALUE OF POLICY (\$0.00)	SPOUSE	\$0.00
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32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$14,870.68

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known) **18-01655**

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$115,000.00
56. Part 2: Total vehicles, line 5	\$8,400.00	
57. Part 3: Total personal and household items, line 15	\$4,450.00	
58. Part 4: Total financial assets, line 36	\$14,870.68	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$27,720.68	Copy personal property total \$27,720.68
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$142,720.68

The information provided on this page reflects data as of December 31, 2017 and should be used for reference only.
For official assessment information, please contact the Richland County Assessor's Office.

Information presented on the Assessor's Database is collected, organized and provided for the convenience of the user and is intended solely for informational purposes. **ANY USER THEREOF OR RELIANCE THEREON IS AT THE SOLE DISCRETION, RISK AND RESPONSIBILITY OF THE USER.** While every attempt is made to provide information that is accurate at the date of publication, portions of such information may be incorrect or not current. **RICHLAND COUNTY HEREBY DISCLAIMS ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, AS TO ITS ACCURACY, COMPLETENESS OR FITNESS FOR ANY PARTICULAR PURPOSE.** All official records of the County offices and the countywide elected officials are on file in their respective offices and may be viewed by the public at those offices.

Owner Information

Tax Map Number:	R17512-01-05
Owner:	SCOTT BOBBY L &
Address 1:	/SHAKITA M JOSEPH
Address 2:	1040 CORALBEAN WAY
Address 3	
City/State/Zip:	COLUMBIA SC 29229
Property Location/Code:	1040 CORALBEAN WAY

Tax Information

Year:	2017
Property Tax Relief:	(\$1,050.32)
Local Option Sales Tax Credit:	(\$119.69)
Tax Amount:	\$957.93
Paid:	Yes
Homestead:	No
Assessed:	\$3,270.00

Assessment Information

Year Of Assessment:	2017	Legal Residence:	Yes
Tax District:	2DP	Sewer Connection:	CITY
Acreage Of Parcel:	0.00	Water Connection:	CITY
Non-Agriculture Value:	\$25,000.00	Agriculture Value:	\$0.00
Building Value:	\$56,700.00	Improvements:	\$0.00
Taxable Value:	\$81,700.00		
Zoning:	PDD	PLANNED DEVELOPMENT	

Property Information

Legal Description:	LOT 70 55X155X55X155	#SU BROOKHAVEN PHASE I #PR RB1065-1446 RB1095-2984
Land Type:	RESIDENTIAL LAND	

Sales History

Current Owner Name	Sale Date	V/Y	Book/Page	Sale Price	Qual Code
SCOTT BOBBY L &	09/19/2006	I	R1231/ 83	\$112,478.00	Q
MUNGO HOMES INC	09/18/2006	I	R1231/ 78	\$5.00	9
MUNGO COMPANY INC THE	06/23/2005	V	R1066/ 3259	\$5.00	9

Qualification Code Definitions

Structure Information

Building Number	Year Structure Was Assessed	Building Description	Actual Year Built	Number Of Bathrooms	Number Of Bedrooms	Total Number Of Stories	Heated Square Footage	Total Square Footage	QR
1	2014	SGL FAM - WALL GROUP 3	2006	2.0	3	1.0	1252	1659	
1	2009	SGL FAM - WALL GROUP 3	2006	2.0	3	1.0	1252	1659	

Structure Details

Structure Type	Structure Description	Building Number
Building Element	AC TYPE...HEAT PUMP	1
Building Element	ALARM/SMOKE...ALARM/SMOKE	1
Building Element	ARCHITECTURAL STYLE...CONVENTIONAL	1
Building Element	BUILDING SHAPE...IRREGULAR	1
Building Element	DISHWASHER...DISHWASHER	1
Building Element	DISPOSAL...DISPOSAL	1
Building Element	ELECTRICAL...AVERAGE	1
Building Element	EXTERIOR WALL 1...ALUMINUM OR VINYL	1
Building Element	FOUNDATION...CONTINUOUS FOOTING	1
Building Element	HEAT TYPE/FUEL...FORCED AIR DUC/ELEC	1
Building Element	INSULATION...AVERAGE	1
Building Element	INTERIOR FLOOR 1...CARPET	1
Building Element	INTERIOR WALL 1...3-PLASTER/DRYWALL	1
Building Element	OVEN/RANGE...OVEN/RANGE	1
Building Element	ROOF COVER...ASPHALT SHINGLE	1
Building Element	ROOF STRUCTURE...GABLE OR HIP	1
Building Element	STRUCTURAL FRAME...WOOD FRAME	1

Exemptions

Exemption Year	Exemption Description

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>18-01655</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
DEBTORS RESIDENCE-1040 CORAL BEAN WAY, COLUMBIA SC 29229, RICHLAND COUNTY, (3) BEDROOM HOUSE, TMS# (R17512-01-05), TAX APPRAISAL VALUE (\$81,700), SEE ATTACHED TAX APPRAISAL	\$115,000.00	<input checked="" type="checkbox"/> \$106,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTORS ESTIMATES VALUE AT (\$115,000)			
Line from <i>Schedule A/B: 1.1</i>			
2012 KIA OPTIMA: VIN# (KNAGM4A7705304549), (4) DOOR, (4) CYLINDER, (100,000) MILES, NADA VALUE (\$7,425)	\$7,425.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
Line from <i>Schedule A/B: 3.1</i>			
2002 CHRYSLER PT CRUISER: VIN# (), (4) DOOR, (4) CYLINDER, (150,000) MILES, NADA VALUE (\$975)	\$975.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
Line from <i>Schedule A/B: 3.2</i>			

Debtor 1

Bobby Lorenzo Scott

Debtor 2

Shakita Monica Scott

Case number (if known)

18-01655

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
HOUSEHOLD GOODS: COUCH, LOVeseat, TABLES, CHAIRS, BEDS, DRESSERS, LAMPS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER Line from Schedule A/B: 6.1	\$1,750.00	<input checked="" type="checkbox"/> \$1,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVs, DVD PLAYERS, COMPUTER Line from Schedule A/B: 7.1	\$700.00	<input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CLOTHING Line from Schedule A/B: 11.1	\$650.00	<input checked="" type="checkbox"/> \$650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	\$1,250.00	<input checked="" type="checkbox"/> \$1,250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
ANIMALS: YORKIE Line from Schedule A/B: 13.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CASH ON HAND Line from Schedule A/B: 16.1	\$45.00	<input checked="" type="checkbox"/> \$45.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$45.00 of unused Homestead Exemption
Checking: PALMETTO CITIZENS FEDERAL CREDIT UNION: CHECKING ACCOUNT# (S10.4) Line from Schedule A/B: 17.1	\$14.52	<input checked="" type="checkbox"/> \$14.52 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$14.52 of unused Homestead Exemption
Checking: PALMETTO CITIZENS FEDERAL CREDIT UNION: CHECKING ACCOUNT# (S10.5) Line from Schedule A/B: 17.2	\$53.34	<input checked="" type="checkbox"/> \$53.34 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$53.34 of unused Homestead Exemption
Savings: PALMETTO CITIZENS FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (S1) Line from Schedule A/B: 17.3	\$252.82	<input checked="" type="checkbox"/> \$252.82 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$252.82 of unused Homestead Exemption
Savings: ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT Line from Schedule A/B: 17.4	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$5.00 of unused Homestead Exemption

Debtor 1

Bobby Lorenzo Scott

Debtor 2

Shakita Monica Scott

Case number (if known)

18-01655

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i> . Check only one box for each exemption.			
Checking: ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT Line from <i>Schedule A/B</i> : 17.5	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$0.00 of unused Homestead Exemption
Pension: RETIREMENT PROGRAM: SOUTH CAROLINA RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$4,500), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from <i>Schedule A/B</i> : 21.1	\$4,500.00	<input checked="" type="checkbox"/> \$4,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 9-1-1680
Pension: RETIREMENT PROGRAM: SOUTH CAROLINA RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$4,000), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from <i>Schedule A/B</i> : 21.2	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 9-1-1680
Pension: RETIREMENT PROGRAM: SOUTH CAROLINA POLICE RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$6,000), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from <i>Schedule A/B</i> : 21.3	\$6,000.00	<input checked="" type="checkbox"/> \$6,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 9-11-270
CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$300,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Beneficiary: SPOUSE Line from <i>Schedule A/B</i> : 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$300,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Beneficiary: SPOUSE Line from <i>Schedule A/B</i> : 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>18-01655</u>		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1 BROOKHAVEN COMMUNITY ASSOCIATION Creditor's Name	Describe the property that secures the claim: DEBTORS RESIDENCE-1040 CORAL BEAN WAY, COLUMBIA SC 29229: ARREARAGE TO BE PAID IN PLAN, TO BE RESUMED MAY 2018	\$235.00	\$115,000.00	\$235.00
4910 TRENHOLM ROAD SUITE C Columbia, SC 29206 Number, Street, City, State & Zip Code				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Nature of lien. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Homeowners Association Fees				
Date debt was incurred <u>1/18</u> Last 4 digits of account number <u>2377</u>				

2.2 KIA MOTOR FINANCE Creditor's Name	Describe the property that secures the claim: 2012 KIA OPTIMA: TO BE PAID IN PLAN	\$1,800.00	\$7,425.00	\$0.00
PO BOX 20825 Fountain Valley, CA 92728 Number, Street, City, State & Zip Code				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
Nature of lien. Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit				

Debtor 1 **Bobby Lorenzo Scott**
 First Name _____ Middle Name _____ Last Name _____
 Case number (if known) **18-01655**

Debtor 2 **Shakita Monica Scott**
 First Name _____ Middle Name _____ Last Name _____

Check if this claim relates to a community debt Other (including a right to offset) **Auto Loan**

Date debt was incurred **8/12** Last 4 digits of account number **7258**

2.3	LVNV FUNDING Creditor's Name	Describe the property that secures the claim:	\$5,081.57	\$115,000.00	\$5,081.57
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1900 BARNWELL STREET Columbia, SC 29201
Number, Street, City, State & Zip Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:
DEBTORS RESIDENCE-1040 CORAL BEAN WAY, COLUMBIA SC 29229: 522(F) VOIDABLE

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **4/08** Last 4 digits of account number **5247**

2.4	SECURITY FINANCE Creditor's Name	Describe the property that secures the claim:	\$700.00	\$1,750.00	\$0.00
-----	--	---	-----------------	-------------------	---------------

1111 TAYLOR ST Columbia, SC 29201
Number, Street, City, State & Zip Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:
HOUSEHOLD GOODS: 522(F) VOIDABLE

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Non-Purchase Money Security**

Date debt was incurred **1/17** Last 4 digits of account number **2377**

2.5	SECURITY FINANCE Creditor's Name	Describe the property that secures the claim:	\$193.00	\$1,750.00	\$0.00
-----	--	---	-----------------	-------------------	---------------

1111 TAYLOR ST Columbia, SC 29201
Number, Street, City, State & Zip Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Describe the property that secures the claim:
HOUSEHOLD GOODS: 522(F) VOIDABLE

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit

Debtor 1	Bobby Lorenzo Scott	Case number (if known)	18-01655	
	First Name _____	Middle Name _____	Last Name _____	
Debtor 2	Shakita Monica Scott	First Name _____	Middle Name _____	Last Name _____

Check if this claim relates to a community debt Other (including a right to offset) **Non-Purchase Money Security**

Date debt was incurred **1/17** Last 4 digits of account number **5247**

2.6	SETERUS Creditor's Name	Describe the property that secures the claim: DEBTORS RESIDENCE-1040 CORAL BEAN WAY, COLUMBIA SC 29229: ARREARAGE TO BE ADDRESSED BY LOAN MODIFICATION	\$120,899.82	\$115,000.00	\$5,899.82
------------	-----------------------------------	--	---------------------	---------------------	-------------------

**PO BOX 1077
Hartford, CT 06143**
Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Mortgage**

Date debt was incurred **9/06**

Last 4 digits of account number **0690**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$128,909.39

If this is the last page of your form, add the dollar value totals from all pages.

\$128,909.39

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code RICHLAND COUNTY CLERK OF COURT 1701 MAIN STREET, #205 Columbia, SC 29201	On which line in Part 1 did you enter the creditor? 2.6
		Last 4 digits of account number _____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code RICHLAND COUNTY MASTER IN EQUITY THE HONORABLE JUDGE JOSEPH M STRICKLAND 1701 MAIN STREET, ROOM 212 Columbia, SC 29201	On which line in Part 1 did you enter the creditor? 2.6
		Last 4 digits of account number _____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code SCOTT AND CORLEY, PA PO BOX 2065 Columbia, SC 29202	On which line in Part 1 did you enter the creditor? 2.6
		Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-01655		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 IRS	\$3,000.00	\$3,000.00	\$0.00
Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346	Last 4 digits of account number 2377		
Number Street City State Zip Code	When was the debt incurred? 2015		
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____		
Federal Income Taxes			
2.2 SC DEPT OF REVENUE	\$200.00	\$200.00	\$0.00
Priority Creditor's Name PO BOX 12265 Columbia, SC 29211	Last 4 digits of account number 2377		
Number Street City State Zip Code	When was the debt incurred? 2015		
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations		
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____		
State Taxes			

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	AP LABORATORIES Nonpriority Creditor's Name PO BOX 2697 Statesboro, GA 30459 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9072 When was the debt incurred? 9/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills
4.2	ASSOCIATES IN GASTROENTEROLOGY Nonpriority Creditor's Name 1070 WILDWOOD CENTER DRIVE Columbia, SC 29229 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7941 When was the debt incurred? 8/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655**4.3****BERKELEY ENDOSCOPY CENTER**

Nonpriority Creditor's Name

**1072 WILDWOOD CENTER
Columbia, SC 29229**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

7941**\$56.00**

When was the debt incurred?

9/17

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bills**

4.4**CAPITAL ONE**

Nonpriority Creditor's Name

**PO BOX 71083
Charlotte, NC 28272**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

2377**\$406.00**

When was the debt incurred?

1/13

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit card purchases**

4.5**FIRST FINANCIAL ASSET**

Nonpriority Creditor's Name

**3091 GOVERNERS LAKE DRIVE
SUITE 500****Norcross, GA 30071**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

0501**\$111.24**

When was the debt incurred?

1/17

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections**

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655

4.6 IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number <u>2377</u> \$2,000.00 When was the debt incurred? <u>2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured Federal Income Taxes</u>
<hr/> 4.7 PALMETTO CITIZENS FEDERAL CREDIT UNION Nonpriority Creditor's Name PO BOX 5846 Columbia, SC 29250 Number Street City State Zip Code	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>2377</u> \$0.00 When was the debt incurred? <u>1/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	
<hr/> 4.8 PMAB Nonpriority Creditor's Name PO BOX 12150 Charlotte, NC 28220 Number Street City State Zip Code	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>0031</u> \$864.00 When was the debt incurred? <u>8/10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collections</u>	

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655

4.9

RECEIVABLE MANAGEMENT

Nonpriority Creditor's Name

**PO BOX 50685
Columbia, SC 29250**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

7992**\$465.55**

When was the debt incurred?

6/15**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections**

4.1
0**RICHLAND COUNTY TREASURER**

Nonpriority Creditor's Name

**PO BOX 11947
Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

2377**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Notice Only**

4.1
1**SANDLAPPER ELEMENTARY SCHOOL**

Nonpriority Creditor's Name

**1001 LONGTOWN ROAD
Columbia, SC 29229**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

5247**\$360.00**

When was the debt incurred?

1/17**As of the date you file, the claim is:** Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Services**

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655

4.1 2	SC HEART CENTER Nonpriority Creditor's Name 500 VIRGINIA DRIVE, STE 514 Fort Washington, PA 19034 Number Street City State Zip Code	Last 4 digits of account number 2482	\$121.28
		When was the debt incurred? 9/17	
		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
		6a.	6a. \$ 0.00
Total claims from Part 1	6a. Domestic support obligations	6b.	\$ 3,200.00
	6b. Taxes and certain other debts you owe the government	6c.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6d.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.		

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known) **18-01655**

Total claims from Part 2

6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ **3,200.00**

6f. **Student loans**

6f. \$ **0.00**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**

6g. \$ **0.00**

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6h. \$ **0.00**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ **4,530.92**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **4,530.92**

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-01655		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1	Name		
	Number	Street	
	City	State	ZIP Code
2.2	Name		
	Number	Street	
	City	State	ZIP Code
2.3	Name		
	Number	Street	
	City	State	ZIP Code
2.4	Name		
	Number	Street	
	City	State	ZIP Code
2.5	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-01655		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____

State _____

ZIP Code _____

3.2

Name _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Number _____ Street _____

State _____

ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott
Debtor 2 (Spouse, if filing)	Shakita Monica Scott
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA	
Case number (If known)	18-01655

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	BILLING SPECIALIST	DEPUTY SHERIFF
Employer's name	ENSTAR GROUP	RICHLAND COUNTY SHERIFFS DEPT
Employer's address	221 DAWSON ROAD Columbia, SC 29229	5623 TWO NOTCH ROAD Columbia, SC 29223

How long employed there? **3 MONTHS**

2 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 2,750.00	\$ 2,882.85
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 2,750.00	\$ 2,882.85

Debtor 1 **Bobby Lorenzo Scott**
 Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 2,750.00	\$ 2,882.85

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ 369.54	\$ 343.96
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 281.07
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 398.84	\$ 269.04
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 768.38	\$ 894.07
----	------------------	------------------

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ 1,981.62	\$ 1,988.78
----	--------------------	--------------------

8. List all other income regularly received:	
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ 0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00
8e. Social Security	8e. \$ 0.00
8f. Other government assistance that you regularly receive	8f. \$ 0.00
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00
8h. Other monthly income. Specify: P/T KOHL (GR\$437.49 - TX\$48.56)	8h.+ \$ 388.93

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 388.93	\$ 0.00
---	---------------------	----------------

10. Calculate monthly income. Add line 7 + line 9.	10. \$ 2,370.55	+ \$ 1,988.78	= \$ 4,359.33
--	------------------------	----------------------	----------------------

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.	
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.	
Specify: _____	11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.	12. \$ 4,359.33

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: **DEBTORS DO NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.**

ENSTAR US INC.
150 2ND AVE N. 3RD FLOOR
ST PETERSBURG FL 33701

Period Beginning: 03/01/2018
Period Ending: 03/15/2018
Pay Date: 03/15/2018

Taxable Marital Status: Married
Exemptions/Allowances:
fed: 3
SC: 3

**BOBBY LORENZO SCOTT
104 WATER WHEEL WAY
COLUMBIA SC 29229**

<u>Earnings</u>	rate	hours	this period	year to date	<u>Other Benefits and Information</u>	this period	total to date
Regular	1375.00	73.75	1,375.00	5,140.39	G.T.L.	4.09	12.27
Holiday		7.50			Hsa Er Contr	1,210.00	1,210.00
			Gross Pay	\$1,375.00	Sick Balance	42.82	
				5,140.39	401K Eligible W	1,375.00	5,140.39
<u>Deductions</u>	<u>Statutory</u>				<u>Important Notes</u>		
	Federal Income Tax	-33.83		103.05	COMPANY PH#: 201-651-5269		
	Social Security Tax	-83.23		312.63			
	Medicare Tax	-19.46		73.11			
	SC State Income Tax	-48.25		172.55			
	<u>Other</u>						
	Hsa Dental Vision	-21.75*		110.25			
	Hsa Health	-174.03		348.06			
	Vol Ad&D Child	-0.13		0.39			
	Vol Ad&D Ee	-2.21		6.63			
	Vol Ad&D Sp	-1.30		3.90			
	Net Pay	\$975.81					
	Checking 1	-975.81					
	Net Check	\$0.00					

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,338.25

© 2000 ADP, LLC

ENSTAR US INC.
150 2ND AVE N. 3RD FLOOR
ST PETERSBURG FL 33701

Advice number: 00000110173
Pay date: 03/15/2018

Deposited to the account of
BOBBY LORENZO SCOTT

account	number	transit	ABA	amount
xx5403		XXXX	XXXX	\$975.81

THIS IS NOT A CHECK
NON-NEGOTIABLE

*ENSTAR US INC.
150 2ND AVE N. 3RD FLOOR
ST PETERSBURG FL 33701*

Earnings Statement

main ADP®

Period Beginning: 03/16/2018
Period Ending: 03/31/2018
Pay Date: 03/29/2018

Taxable Marital Status: Married
Exemptions/Allowances:

**BOBBY LORENZO SCOTT
104 WATER WHEEL WAY
COLUMBIA SC 29229**

Earnings	rate	hours	this period
Regular	1375.00	78.75	1,375.00
Sick		2.50	
Gross Pay			\$1,375.00

year to date
6,515.39

<u>Other Benefits and Information</u>	<u>this period</u>	<u>total to date</u>
Er Match	41.25	41.25
G.T.L.	4.09	16.36
Sick Balance	40.32	
401K Eligible W	1,375.00	6,515.39
Hsa Fr Contr		1,210.00

Deductions	Statutory	
	Federal Income Tax	-29,71
	Social Security Tax	-83,22
	Medicare Tax	-19,47
	SC State Income Tax	-45,47

132.70
395.85
92.58
218.02

Important Notes

COMPANY PH#: 201-651-5269

<u>Other</u>		
Hsa Dental Vision	-36	75
Hsa Health	-174	03
Vol Ad&D Child	-0	13
Vol Ad&D Ee	-2	21
Vol Ad&D Sp	-1	30
401K	-41	25
Net Pay	\$941	46
Checking 1	-941	46
Net Check	\$0	00

147 · 00
522 · 09
0 · 52
8 · 84
5 · 20
41 · 25

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,297.00

Camp AOE USC

ENSTAR US INC.
150 2ND AVE N. 3RD FLOOR
ST PETERSBURG FL 33701

Advice number: 00000130167
Date: 03/29/2018

Pay date: 03/29/2018

Deposited to the account of
BOBBY LORENZO SCOTT

account	number	tran	sit	ABA	amount
xx5403		xxx	X	xxxx	\$941.46

NON-NEGOTIABLE

Payslip-03_02_2018.pdf

Company Information

Name	Address	Phone
Kohl's Department Stores Inc.	N56 W17000 Ridgewood Drive Menomonee Falls, WI 53051 United States of America	+1 (262) 703-7000

Payslip Information

Name	Associate ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Bobby Scott	2914664	02/18/2018	02/24/2018	03/02/2018	

Current and YTD Totals

Balance Period	Gross Pay	Pre Tax Deductions	Associate Taxes	Post Tax Deductions	Net Pay
Current	55.45	0.00	5.20	0.00	50.25
YTD	857.87	0.00	98.02	0.00	759.85

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday					72.72
Recognition Bonus					40.00
Regular Hourly Earnings	02/18/2018 - 02/24/2018	6.10	9.09	55.45	745.15
				Total:	857.87

Associate Taxes

Description	Amount	YTD
OASDI - Social Security	3.44	53.19
Medicare	0.80	12.44
Federal Withholding		10.00
State Tax - SC	0.96	22.39
Total:	5.20	98.02

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	55.45	857.87
Medicare - Taxable Wages	55.45	857.87
Federal Withholding - Taxable Wages	55.45	857.87

Withholding

Description	Federal	Work State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Sick Time Off Plan	0.00	0.00	0.00

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
Payroll Payment: Bobby Scott	PALMETTO		*****5403	50.25	USD

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
(2914664) - 03/02/2018	CITIZENS FCU	CITIZENS FCU *****5403			
Total:					50,25

Payslip-03_09_2018.pdf

Company Information

Name	Address	Phone
Kohl's Department Stores Inc.	N56 W17000 Ridgewood Drive Menomonee Falls, WI 53051 United States of America	+1 (262) 703-7000

Payslip Information

Name	Associate ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Bobby Scott	2914664	02/25/2018	03/03/2018	03/09/2018	

Current and YTD Totals

Balance Period	Gross Pay	Pre Tax Deductions	Associate Taxes	Post Tax Deductions	Net Pay
Current	133.27	0.00	13.95	0.00	119.32
YTD	991.14	0.00	111.97	0.00	879.17

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday					72.72
Recognition Bonus					40.00
Regular Hourly Earnings	02/25/2018 - 03/03/2018	14.66	9.09	133.27	878.42
				Total:	133.27
					991.14

Associate Taxes

Description	Amount	YTD
OASDI - Social Security	8.26	61.45
Medicare	1.93	14.37
Federal Withholding		10.00
State Tax - SC	3.76	26.15
	Total:	13.95
		111.97

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	133.27	991.14
Medicare - Taxable Wages	133.27	991.14
Federal Withholding - Taxable Wages	133.27	991.14

Withholding

Description	Federal	Work State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Sick Time Off Plan	0.00	0.00	0.00

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
Payroll Payment: Bobby Scott	PALMETTO	PALMETTO	*****5403	119.32 USD	

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
(2914664) - 03/09/2018	CITIZENS FCU	CITIZENS FCU *****5403		Total: 119.32	

Payslip-03_16_2018.pdf

Company Information

Name	Address	Phone
Kohl's Department Stores Inc.	N56 W17000 Ridgewood Drive Menomonee Falls, WI 53051 United States of America	+1 (262) 703-7000

Payslip Information

Name	Associate ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Bobby Scott	2914664	03/04/2018	03/10/2018	03/16/2018	

Current and YTD Totals

Balance Period	Gross Pay	Pre Tax Deductions	Associate Taxes	Post Tax Deductions	Net Pay
Current	117.09	0.00	12.06	0.00	105.03
YTD	1,108.23	0.00	124.03	0.00	984.20

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday					72.72
Recognition Bonus					40.00
Regular Hourly Earnings	03/04/2018 - 03/10/2018	12.88	9.09	117.09	995.51
				Total:	117.09
					1,108.23

Associate Taxes

Description	Amount	YTD
OASDI - Social Security	7.26	68.71
Medicare	1.70	16.07
Federal Withholding		10.00
State Tax - SC	3.10	29.25
Total:	12.06	124.03

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	117.09	1,108.23
Medicare - Taxable Wages	117.09	1,108.23
Federal Withholding - Taxable Wages	117.09	1,108.23

Withholding

Description	Federal	Work State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Sick Time Off Plan	0.00	0.00	0.00

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
Payroll Payment: Bobby Scott	PALMETTO	PALMETTO	*****5403	105.03	USD

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
(2914664) - 03/16/2018	CITIZENS FCU	CITIZENS FCU *****5403			
Total:					105.03

Payslip-03_23_2018.pdf

Company Information

Name	Address	Phone
Kohl's Department Stores Inc.	N56 W17000 Ridgewood Drive Menomonee Falls, WI 53051 United States of America	+1 (262) 703-7000

Payslip Information

Name	Associate ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Bobby Scott	2914664	03/11/2018	03/17/2018	03/23/2018	

Current and YTD Totals

Balance Period	Gross Pay	Pre Tax Deductions	Associate Taxes	Post Tax Deductions	Net Pay
Current	103.28	0.00	10.45	0.00	92.83
YTD	1,211.51	0.00	134.48	0.00	1,077.03

Earnings

Description	Dates	Hours	Rate	Amount	YTD
Holiday					72.72
Recognition Bonus					40.00
Regular Hourly Earnings	03/11/2018 - 03/17/2018	11.36	9.09	103.28	1,098.79
				Total:	103.28
					1,211.51

Associate Taxes

Description	Amount	YTD
OASDI - Social Security	6.40	75.11
Medicare	1.50	17.57
Federal Withholding		10.00
State Tax - SC	2.55	31.80
Total	10.45	134.48

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	103.28	1,211.51
Medicare - Taxable Wages	103.28	1,211.51
Federal Withholding - Taxable Wages	103.28	1,211.51

Withholding

Description	Federal	Work State
Marital Status	Married	
Allowances	1	0
Additional Withholding	0	0

Absence Plans

Description	Accrued	Reduced	Available
Paid Sick Time Off Plan	0.00	0.00	0.00

Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
Payroll Payment: Bobby Scott	PALMETTO	PALMETTO	*****5403	92.83 USD	

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Payment	Bank	Account Name	Account Number	Amount in Pay Group Currency	Pay Group Currency
(2914664) - 03/23/2018	CITIZENS FCU	CITIZENS FCU *****5403		Total: 92.83	

Check Stub

SHAKITA MONICA SCOTT

? Help

 RICHLAND COUNTY FINANCE DEPT P.O. Box 192 Columbia, South Carolina	Employee Name:	SCOTT, SHAKITA MONICA	EFT No.:	20781459						
	Employee ID:	233824	Period Begin:	02/03/18	Status/Exempt: M/3	State: M/3				
	EFT Date:	02/23/18	Period Ending:	02/16/18	Additional WH: 0.00	State: 0.00				
					Fed:					
EARNINGS			TAXES		PRE-TAX DEDUCTIONS					
Description	Hours	Rate	Current Earnings	Y-T-D Earnings	Description	Current Amount	Y-T-D Amount	Description	Current Amount	Y-T-D Amount
HRLY PAY	49.00	14.542	712.54	3,635.38	FICA-EE	72.70	318.28	PORSREG	120.51	525.28
HOLIDAY				494.40	MEDI-EE	17.01	74.44	HEALTH E	64.00	256.00
FLOAT-H				123.60	FIT	12.89	103.90	WELLCRDT	-25.00	-100.00
SICKHRLY	24.00	14.542	349.00	523.50	SIT	32.83	157.43	DENTAL E	3.15	12.60
ANNLHRLY	12.00	14.542	174.50	610.75				MED REIM	20.83	83.32
TOTAL EARNINGS:			1,236.04	5,387.63	TOTAL TAXES:	135.43	654.05	VISION E	0.54	2.16
BANKING INFORMATION			EMPLOYER PAID BENEFITS			AFTER-TAX DEDUCTIONS				
Description	Current Amount	YTD Amount	Description	Current Amount	Y-T-D Amount	Description	Current Amount	Y-T-D Amount		
Palmetto Citizens FCU	880.93		FICA-ER	72.70	318.28	SUPLIFE	22.50	90.00		
			MEDI-ER	17.01	74.44	CLIFE10K	0.50	2.00		
			PORSREG	200.73	874.94	SLIFE30K	2.25	9.00		
			HEALTH E	417.31	1,669.24	STDIS	8.69	34.76		
			WELLCRDT	25.00	100.00	LTDIS	1.71	6.84		
			DENTAL E	15.35	61.40					
			LIFE EMP	2.75	11.00					
			VISION E	0.62	2.48					
			TOTAL CONT:	751.47	3,111.78	TOTAL DED:	35.65	142.60		
						Net Pay	880.93			
Leave Record:	Accrual Description	Beginning Balance	Earned	Used	Adjusted	Ending Balance				
	Vacation Balance	20.15	3.27	12.00		11.42				
	Sick Leave Balance	82.43	3.93	24.00		62.36				
Message										

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Check Stub

SHAKITA MONICA SCOTT

? Help

 RICHLAND COUNTY FINANCE DEPT P.O. Box 192 Columbia, South Carolina		Employee Name: SCOTT, SHAKITA MONICA	EFT No.: 20783499							
		Employee ID: 233824	Period Begin: 02/17/18 Status/Exempt: M/3 Fed:							
		EFT Date: 03/09/18	Period Ending: 03/02/18 Additional WH: 0.00 State: 0.00 Fed:							
EARNINGS			TAXES	PRE-TAX DEDUCTIONS						
Description	Hours	Rate	Current Earnings	Y-T-D Earnings	Description	Current Amount	Y-T-D Amount	Description	Current Amount	Y-T-D Amount
HRLY PAY	85.00	14.542	1,236.03	4,871.41	FICA-EE	80.36	398.64	PORSREG	132.56	657.84
HOLIDAY	8.50	14.542	123.60	618.00	MEDI-EE	18.79	93.23	HEALTH E	64.00	320.00
FLOAT-H			123.60		FIT	24.05	127.95	WELLCRDT	-25.00	-125.00
SICKHRLY			523.50		SIT	39.85	197.28	DENTAL E	3.15	15.75
ANNLHRLY			610.75					MED REIM	20.83	104.15
TOTAL EARNINGS:			1,359.63	6,747.26	TOTAL TAXES:	163.05	817.10	VISION E	0.54	2.70
								TOTAL PRE-TAX:	196.08	975.44
BANKING INFORMATION			EMPLOYER PAID BENEFITS			AFTER-TAX DEDUCTIONS				
Description	Current Amount	YTD Amount	Description	Current Amount	Y-T-D Amount	Description	Current Amount	Y-T-D Amount		
Palmetto Citizens FCU	964.85		FICA-ER	80.36	398.64	SUPLIFE	22.50	112.50		
			MEDI-ER	18.79	93.23	CLIFE10K	0.50	2.50		
			PORSREG	220.80	1,095.74	SLIFE30K	2.25	11.25		
			HEALTH E	417.31	2,086.55	STDIS	8.69	43.45		
			WELLCRDT	25.00	125.00	LTDIS	1.71	8.55		
			DENTAL E	15.35	76.75					
			LIFE EMP	2.75	13.75					
			VISION E	0.62	3.10					
			TOTAL CONT:	780.98	3,892.76	TOTAL DED:	35.65	178.25		
						Net Pay	964.85			
Leave Record:	Accrual Description	Beginning Balance	Earned	Used	Adjusted	Ending Balance				
	Vacation Balance	11.42	3.27	0.00		14.69				
	Sick Leave Balance	62.36	3.93	0.00		66.29				
Message										

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Check Stub

SHAKITA MONICA SCOTT

? Help

 <p>RICHLAND COUNTY FINANCE DEPT P.O. Box 192 Columbia, South Carolina</p>		Employee Name: SCOTT, SHAKITA MONICA	EFT No.: 20785569							
		Employee ID: 233824	Period Begin: 03/03/18	Status/Exempt: M/3	State: M/3					
		EFT Date: 03/23/18	Period Ending: 03/16/18	Additional WH. 0.00	State: 0.00					
EARNINGS			TAXES		PRE-TAX DEDUCTIONS					
Description	Hours	Rate	Current Earnings	Y-T-D Earnings	Description	Current Amount	Y-T-D Amount	Description	Current Amount	Y-T-D Amount
HRLY PAY	85.00	14.542	1,236.03	6,107.44	FICA-EE	72.69	471.33	PORSREG	120.51	778.35
HOLIDAY			618.00		MEDI-EE	17.00	110.23	HEALTH E	64.00	384.00
FLOAT-H			123.60		FIT	12.89	140.84	WELLCRDT	-25.00	-150.00
SICKHRLY			523.50		SIT	32.83	230.11	DENTAL E	3.15	18.90
ANNLHRLY			610.75					MED REIM	20.83	124.98
TOTAL EARNINGS:			1,236.03	7,983.29	TOTAL TAXES:	135.41	952.51	VISION E	0.54	3.24
BANKING INFORMATION			EMPLOYER PAID BENEFITS			AFTER-TAX DEDUCTIONS				
Description	Current Amount	YTD Amount	Description	Current Amount	Y-T-D Amount	Description	Current Amount	Y-T-D Amount		
Palmetto Citizens FCU	880.94		FICA-ER	72.69	471.33	SUPLIFE	22.50	135.00		
			MEDI-ER	17.00	110.23	CLIFE10K	0.50	3.00		
			PORSREG	200.73	1,296.47	SLIFE30K	2.25	13.50		
			HEALTH E	417.31	2,503.86	STDIS	8.69	52.14		
			WELLCRDT	25.00	150.00	LTDIS	1.71	10.26		
			DENTAL E	15.35	92.10					
			LIFE EMP	2.75	16.50					
			VISION E	0.62	3.72					
			TOTAL CONT:	751.45	4,644.21	TOTAL DED:	35.65	213.90		
						Net Pay	880.94			
Leave Record:	Accrual Description	Beginning Balance	Earned	Used	Adjusted	Ending Balance				
	Vacation Balance	14.69	3.27	0.00		17.96				
	Sick Leave Balance	66.29	3.93	0.00		70.22				
Message										

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Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott
Debtor 2 (Spouse, if filing)	Shakita Monica Scott
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA	
Case number (If known)	18-01655

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Son

12

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son

19

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **796.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	0.00
4c. \$	100.00
4d. \$	14.58
5. \$	0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Bobby Lorenzo Scott**
 Debtor 2 **Shakita Monica Scott**

Case number (if known) **18-01655**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>400.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>89.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>280.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>825.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>250.00</u>	
10. Personal care products and services	10. \$ <u>125.00</u>	
11. Medical and dental expenses	11. \$ <u>100.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>425.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>250.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES	16. \$ <u>35.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>3,789.58</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>3,789.58</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>4,359.33</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,789.58</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>569.75</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: DEBTORS PRESENTLY WORKING ON LOAN MODIFICATION.	

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2	Shakita Monica Scott		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	18-01655		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Bobby Lorenzo Scott

Bobby Lorenzo Scott

Signature of Debtor 1

Date April 16, 2018

X /s/ Shakita Monica Scott

Shakita Monica Scott

Signature of Debtor 2

Date April 16, 2018

Fill in this information to identify your case:

Debtor 1	Bobby Lorenzo Scott		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Shakita Monica Scott		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	<u>18-01655</u>		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$6,351.90	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,983.29

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$15,000.00
For the calendar year before that: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$26,590.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$22,937.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$0.00	N/A	\$0.00
For last calendar year: (January 1 to December 31, 2017)	N/A	\$0.00	N/A	\$0.00
For the calendar year before that: (January 1 to December 31, 2016)	RETIREMENT	\$7,429.00	N/A	\$0.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (if known)

18-01655

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
KIA MOTOR FINANCE PO BOX 20825 Fountain Valley, CA 92728	MARCH 2018	\$1,000.00	\$1,800.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
KIA MOTOR FINANCE PO BOX 20825 Fountain Valley, CA 92728	FEBRUARY 2018	\$500.00	\$1,800.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- No
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
SETERUS V BOBBY SCOTT AND SHAKITA SCOTT 2017-CP-40-05780	FORECLOSURE	RICHLAND COUNTY MASTER IN EQUITY THE HONORABLE JUDGE JOSEPH M STRICKLAND 1701 MAIN STREET, ROOM 212 Columbia, SC 29201	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

LVNV FUNDING V SHAKITA JOSEPH 2008-CP-40-02680	CIVIL	RICHLAND COUNTY CLERK OF COURT 1701 MAIN STREET, #205 Columbia, SC 29201	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
JUDGMENT			

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) 18-01655**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$589.00 FILING FEE: \$310.00	MARCH 2018	\$899.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$19.52	MARCH 2018	\$19.52

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655****Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**Case number (if known) **18-01655****25. Have you notified any governmental unit of any release of hazardous material?**

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Bobby Lorenzo Scott**
Bobby Lorenzo Scott
 Signature of Debtor 1

Date April 16, 2018

/s/ **Shakita Monica Scott**
Shakita Monica Scott
 Signature of Debtor 2

Date April 16, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 **Bobby Lorenzo Scott**
Debtor 2 **Shakita Monica Scott**

Case number (*if known*) **18-01655**